



VOLUNTEER APPLICANT INFORMATION

Please print and fill in all information
Retain original at Department ~ copy to HR

PERSONAL INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY, STATE, ZIP: _____

Driver's License No. _____ Expires: _____
(Only if driving is a requirement)

EMERGENCY CONTACT PERSON AND PHONE NUMBERS

NAME: _____

PHONE #1 ~ (Home) _____

PHONE #2 ~ (Cell) _____ PHONE #3 ~ (Pager) _____

RELATIONSHIP TO APPLICANT _____

PARENTAL SIGNATURE _____

(Parental consent required for minor's participation)

DEPARTMENT INFORMATION

I AM VOLUNTEERING IN _____ DEPARTMENT

LOCATED AT _____

MY SUPERVISOR IS _____

TO BE FILLED OUT BY SUPERVISOR

Will the job tasks require driving a County vehicle? ___ yes ___ no

Will the job tasks require pre-employment testing? ___ yes ___ no
(Exposure to sensitive and/or confidential material)

Volunteer has completed safety orientation for this position. ___ yes ___ no

Supervisor (PRINT) Date Phone